Case 30050c4PPOINTMENERPEND ADJUSTINE APPLY COURT APPOINTED COUNTED CO Page 1 of 1 2. PERSON REPRESENTED VOUCHER NUMBER 1. CIR./DIST/DIV, CODE TOMPSAN, CELINA R. AKX 3. MAG. DKT/DEF. NUMBER 4. DIST. DKT./DEF. NUMBER 6. OTHER DET, NUMBER APR 1 0 5. APPEALS DKT./DEF. NUMBER 3:05-0061-1-RRB CLEER ESENTATION TYPE
ARREST CHARGE ALASKA 7. IN CASE/MATTER OF (Case Name) 8. PAYMENT CATEGORY 9. TYPE PERSON REPRESENTED U.S. v. TOMPSAN Other Adult Defendant 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offenses. 12. ATTORNEY'S NAME (First Name, M.I., Last Name, Including any suffix) AND MAILING ADDRESS 13. COURT ORDER O Appointing Counsel
F Subs For Federal Defender 8 C Co-Counsel AHEARN, MEREDITH A. 310 K STREET, SUITE 400 R Subs For Retained Attorney P Subs For Panel Attorney  $\overline{\Box}$ Standby Counsel ANCHORAGE AK 99501 Prior Attorney's Name: Appointment Date: Because the above named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable of employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, (907) 276-5294 Telephone Number: 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) Signature of Presiding Judicial Officer or By Order of the Court
Date of Order

Payment on Payment HAGANS AHEARN WEBB 310 K Street, Suite 400 Anchorage AK 99515 Nunc Pro Tune Date Repayment or partial repayment ordered from the person represented for this service at time of appointment.  $\Box$  YES  $\Box$  NO time of appointment. MATH/TECH ADJUSTED HOURS MATH/TECH ADJUSTED AMOUNT HOURS CLAIMED CATEGORIES (Attach itemization of services with dates) a. Arraignment and/or Plea 15. b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings r. f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets) (Rate per hour = \$ TOTALS: a. Interviews and Conferences 16 b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and Other work (Specify on additional sheets) (Rate per hour = \$ TOTALS: (lodging, parking, meals, mileage, etc.) 17 Travel Expenses 18. Other Expenses (other than expert, transcripts, etc.). 20. APPOINTMENT TERMINATION DATE: IF OTHER THAN CASE COMPLETION 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 21. CASE DISPOSITION FROM CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment Have you previously applied to the court for compensation and/or remimbursement for this case? YES NO If yes, were you paid? YES Other than from the court, have you, or to you'r knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements. Signature of Attorney: Date: 24. OUT OF COURT COMP. 26. OTHER EXPENSES 23. IN COURT COMP. 25. TRAVEL EXPENSES 27. TOTAL AMT. APPR/CERT 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER 28a. JUDGE / MAG, JUDGE CODE 29. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL EXPENSES 32. OTHER EXPENSES 33. TOTAL AMT, APPROVED 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. DATE 34a. JUDGE CODE